

Receipt of Orientation Documentation Form

To be used to document that resident has received orientation paperwork

I, _____, certify that I have received and reviewed the following documents:

(Staff & Resident initial and date)

_____ Resident Manual/Handbook	_____ Tobacco Policy
_____ Family Responsibilities	_____ Food Stamp Policy
_____ Grievance Procedure	_____ Drug Screen Policy & Procedure
_____ Termination Information/Reasons for Discharge	_____ Release of liability
_____ Resident Agreement / Consent to Services	_____ Babysitting Policy
_____ Family Rights	_____ House items received
_____ Confidentiality Policy	_____ Family Visiting Policy
_____ Exit Policy	_____ Receipt of Medication

Each component has been explained to me and I understand that I am responsible for adhering to the contents of these documents. I also know I am free to ask questions regarding these documents.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Releases

<input type="checkbox"/> DTA Worker		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> DTA Worker		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> DSS Worker		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Primary Care M.D.		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Pediatrician		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Probation Officer		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Therapist		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Psychiatrist		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Dentist		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> School		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Other		
Name: _____	Office: _____	Phone: _____
<input type="checkbox"/> Other		
Name: _____	Office: _____	Phone: _____



Formatted By: FAMILY SHELTER MODEL RECORD TEAM

*Sponsored by the Department of Public Health, Bureau of Substance Abuse Services
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